

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 587 873

FILING DATE

7.28.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6	3					
7	3					
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1		1			
19						
20						
21						
22						
23						
24						
25	6					
26	1		1			
27	1					
28	2					
29	2					
30						
31	1					
32						
33	1					
34						
35	2					
36	2					
37						
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46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			33			
TOTAL CLAIMS			36			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						